

Department of Health and Human Services Public Health Service, National Institutes of Health  <b>Application for Permit to Introduce Rodents and Rodent Products</b>  <i>See NIH Manual 3043-1 for complete instructions. Use additional sheets if more space is needed.</i>		1. Request Permit To ( <i>Check one</i> ) <input type="checkbox"/> Introduce from within U.S. <input type="checkbox"/> Import into U.S.	2. Permit is for: <input type="checkbox"/> Rodent <input type="checkbox"/> Rodent Products
5a. To ( <i>Name of requester</i> )  <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           5b. Institute   <hr/>           5d. Phone No.         </div> <div style="width: 48%;">           5c. NIH Mailing Address (<i>Bldg./Rm</i>)   <hr/>           5e. FAX No.         </div> </div>		3. Mode of Transportation  <hr/>	4. Delivery Point ( <i>Port of entry, airport, city, state, etc.</i> )  <hr/>
6. From ( <i>Individual's name, address, and phone no. of source</i> )  <hr/>		7. Genus and Species and Common Name(s), Color, Strain ( <i>if applicable</i> ). Nature of Rodent Product ( <i>if applicable</i> )  <hr/>	
8. Origin and Brief History of the Source Colony or Tissue  <hr/>		9a. Number of Animals to be Received Male: _____ Female: _____	
9b. Approximate Date of Arrival  <hr/>		10. Approved ASP No.  <hr/>	
11a. Medical History of the Originating Colony or Tissue. Has colony or tissue been checked for Ectromelia (mouse pox), Lymphocytic Choriomeningitis (LCM), or other murine viruses (including Hantaan virus, if appropriate)? <i>If "yes," specify which agents were tested for, when, and results. Attach the most recent health surveillance report, if available.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
11b. What diseases or parasites are known to be present in the originating colony?  <hr/>			
12. Name, title, phone no., and FAX no. of sending institution's facility veterinarian or other professional person responsible for animal health and care  <hr/>		13. Location where animals or tissue will be housed and/or used  <hr/>	14. Special requirements for handling animals or tissue during the quarantine period  <hr/>
<i>I certify that these animals or tissues will be used in accordance with all restrictions and precautions as may be specified in the permit.</i>		15. Requester's Signature  <hr/>	16. Date Signed  <hr/>
		17. Signature of ICD Animal Program Director  <hr/>	18. Date Signed  <hr/>
		19. Signature of Facility Veterinarian  <hr/>	20. Date Signed  <hr/>
21. Facility Health Requirements  <hr/>			

### Permit to Introduce Rodents and Rodent Products

1. Permit Number  <hr/>	
2. Restrictions and Precautions.      Quarantine Required? <input type="checkbox"/> No <input type="checkbox"/> Yes; quarantine location: _____  <hr/>	
3. Signature of NCRR VRP Rodent Import Officer or other approving official  <hr/>	4. Date Signed  <hr/>